

KENTUCKY STATE BOARD OF HAIRDRESSERS  
& COSMETOLOGISTS  
111 ST. JAMES COURT, SUITE A  
FRANKFORT, KY 40601  
(502) 564-4262

OUT-OF-STATE  
EXAMINATION APPLICATION

☐ COSMETOLOGIST - \$120.00\*\*

☐ WRITTEN & PRACTICAL

☐ NAIL TECHNICIAN - \$75.00\*\*

☐ PRACTICAL ONLY

☐ ESTHETICIAN - \$175\*\*

\*\*\*A CURRENT PHOTO MUST BE  
ATTACHED TO THIS APPLICATION.

☐ COSMETOLOGY INSTRUCTOR - \$200.00\*\*

\*\*\*CERTIFICATION OR OFFICIAL EQUIVALENT  
FROM STATE BOARD WHERE LICENSE IS  
CURRENT FOR TWO (2) YEARS MUST BE ON FILE  
AT THE BOARD OFFICE.

☐ ESTHETIC INSTRUCTOR - \$250.00\*\*

\*\*\*PROOF OF TENTH (10<sup>TH</sup>) GRADE EDUCATION  
REQUIRED FOR COSMETOLOGISTS & NAIL  
TECHNICIANS MUST BE ATTACHED TO THIS  
APPLICATION

\*\*EXAMINATION FEE MUST BE RECEIVED WITH APPLICATION. PAYMENTS  
MUST BE MADE IN THE FORM OF A MONEY ORDER, CASHIERS CHECK OR  
CASH(CORRECT CHANGE ONLY) NO PERSONAL CHECKS ACCEPTED.

\*\*\*PROOF OF TWELFTH (12<sup>TH</sup>) GRADE EDUCATION  
REQUIRED FOR ESTHETICIANS & INSTRUCTORS  
MUST BE ATTACHED TO THIS APPLICATION

\*\*NO REFUND ON APPLICATION FEE UNLESS APPLICATION IS DENIED.

\*\*\* PROOF OF EDUCATION MUST BE A COPY OF  
HIGH SCHOOL DIPLOMA OR TRANSCRIPT

FULL NAME OF APPLICANT \_\_\_\_\_

(First)

(Middle)

(Maiden)

(Last)

ADDRESS: \_\_\_\_\_

(Street Address)

(City, State, & Zip Code)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DAYTIME PHONE # (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MALB ☐

FEMALE ☐

E-MAIL ADDRESS \_\_\_\_\_

Indicate state you are transferring from: \_\_\_\_\_

(license must be active & current)

How many years have you been licensed to practice? \_\_\_\_\_

Date License obtained: \_\_\_\_\_

License # \_\_\_\_\_

List name and address of school(s) your training was obtained:

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, documentation must be attached.

Are you in default on any loan obligation issued by the Kentucky Higher Education Assistance Authority (KHEAA)? Yes ☐ No ☐

\*\*\*Licenses will be issued on day of examination once the examination has been completed successfully. (excludes instructors)

I certify under penalty of law that the above information is true and correct to the best of my knowledge.

ATTACH 2 X 2  
RECENT HEADSHOT  
PHOTOGRAPH  
HERE.  
MUST BE ON PHOTO QUALITY  
PAPER!  
NO COPIES OF PHOTOS WILL  
BE ACCEPTED!!

Signature of Applicant \_\_\_\_\_

APPLICATION MUST BE NOTARIZED

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

SEAL